

PLEASE PRINT

STATE OF NEW HAMPSHIRE for LOBBYISTS

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MAY 01 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

2019 Statement of Income and Expenses (RSA Chapter 15)

I. Name of Lobbyist(s	Chris Bourcier, T	ara Reardon	, Chris Monroe	
II. Name of lobbyist's	partnership, firm or co	rporation, if an	y:	
New Hampshire	Community Loan	Fund		
(Nam	e of partnership, firm or cor	poration)		
7 Wall Street		Concord, N	H 03301	
Business Address: (Stre	·	(Town/City)	(State)	(Zip Code)
(603) <u>224-6669</u> (Telephone)	(603)	225-7425 (Fax)	e-mail kdei	ry@communityloanfund.org
reportable expense tra	vers: (Choose one – file ansactions which are no actions occurring in the r	t attributable to	any one client).	you may file a separate report for ye to the following client:
<u>OR</u>	(Full Name of Client as it a			
All reportable transaunrelated to any particu		icluding the lobb	yist's family), or the lo	bbying firm listed below which are
IV. Date of Report Reports cover: activi	April 24, 2019 🕅	to 3/31/19	July 31, 2019, activity from 4/1/19 to 6	□ 5/30/19
	October 30, 2019 activity from 7/1/19 to 9/30/	19	January 29, 202 activity from 10/1/19 to	
	no fees received and is complete just this form an			ince the last report. Gice, State House, Room 204,
VI. Check if additions	al reports are attached:			
	ed fees or made expenditu	ires, you must fil	e Addendum A– Fees	and Expenses
☐ If you have paid ar Expense Reimburseme		ed expenses, you	must file Addendum l	B—®Report of Honorariums or
☐ If you, your firm, o	or your family has made p	political contribut	ions, you must file Ade	dendum C- Political Contributions
Sworn Statement/Affil have read RSA 15, Rs and complete to the best (Signature of lobbyist)	SA 15-B, RSA 14-C and based of my knowledge and based	RSA 664 and herelief.	reby swear or affirm the	at the foregoing information is true 19
Tara Reardon				
(Print Name of lobbyis	31)			

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Chris Bourcier, Chris Monroe, Tara Rea	rdon
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Community Loan Fund	
(Name of partnership, firm or corporation)	
III. Name of Client N/A	Date
 IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses: a) Total of all fees received in this reporting period b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year) c) Total of all fees received to date (Add lines a and b) d) Indicate the amount of any such fees that are due, but have not yet been paid 	that are related, directly or indirectly relations, or public relations service as fee amount reported shall not be a) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filled for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lesse being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses pair aggregate total of all expenses; (b) the aggregate total of all ere meals purchased during a business than \$10 that is given to the person d with a value of \$25.00 or less); and the period of greater than \$25.00 for the of greater than \$25, purchase of or than \$25, but not greater than \$50 expense reimbursement, or politicated on Addendum A.
support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported	a) \$
in a), of \$25 or less.	b) \$ 0
a) Total of all itemized expenditures reported in detail in section VI	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d)702.78
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ _702.78
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
<u></u>	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
	\$
	\$
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	4/30/19
(Signature of lobbyist)	(Date)
Tara Reardon	
(Print Name of lobbyist)	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	nership, firm, or corpo	ration: New Hampshire	e Community Loan Fund
Name of Client (leave	blank if Statement is fo	r the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check	one):		
April 24, 2019 🛭	July 31, 2019 🛚	October 30, 2019 🗆	January 29, 2020 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s	s).		
Addendum B(s	3).		
Addendum C(s	i).		
I hereby swear or affir complete to the best of (Signature of labbyist)  Tara Reardon			nt and each Addendum is true and
(Print Name of lobbyis	t)		

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

## Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnersl	nip, firm, or corpor	ation: New Hampshire	Community Loan Fund
			corporation and not related to any
particular client):			
Date of Report (check one):			
April 24, 2019 🗷 Ju	ly 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
			d Expenses described above, and mber of Addendum forms being
1 Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that complete to the best of my keep (Signature of Jobbyist)			t and each Addendum is true and
(Signature of Joodyist)		,	(Date)
Chris Bourcier			
(Print Name of lobbyist)			

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

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Date of Report (check	(one):		
April 24, 2019 🔯	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
			nd Expenses described above, and umber of Addendum forms being
1_ Addendum A(	s).		
Addendum B(	s).		
Addendum C(	s).		
•	rm that the foregoing ir f my knowledge and be		nt and each Addendum is true and
(200)	20	4,	130/19
(Signature of lobbyist)	)	<del></del>	(Date)
Chris Monroe			
(Print Name of lobbyi	st)		